



A **xerox** Company

## Submission of Electronic Transactions Agreement for Service Centers

This is to certify that \_\_\_\_\_ of  
(Submitter of Electronic Transactions)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ on the  
(Street Address) (City) (State) (Zip Code)

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, agrees to the following  
conditions for the submission of electronic transactions to the Department of Medical Assistance Services.

1. The Service Center agrees to abide by the policies and procedures of the Department of Medical Assistance Services.
2. The Service Center is not to be construed as an agent of the Department of Medical Assistance Services.
3. The Service Center is recognized as an electronic transaction preparation service only, and any agreement of participation between providers and the Department of Medical Assistance Services is not affected by this agreement.
4. The Service Center will promptly notify the Department of Medical Assistance Services of the names of providers either added to the service operation or discontinued from service.
5. The agreement may be terminated on thirty day's written notice by either party.
6. The agreement will become effective when executed by both parties and may be amended only in writing, similarly executed.

ACS State Healthcare, LLC		Service Center	
_____ (Signature of Authorized Agent)		_____ (Signature of Owner or Official)	
_____ (Title of Auth. Agent)	_____ (Date)	_____ (Title of Auth. Agent)	_____ (Date)
		_____ (Service Center Number)	

Fax to: 1-888-335-8460 or  
Email to: [Virginia.EDISupport@acs-inc.com](mailto:Virginia.EDISupport@acs-inc.com) or

Mail Original to:  
ACS State Healthcare, LLC  
EDI Coordinator  
Virginia Medicaid Fiscal Agent Services  
1011 Boulder Springs Drive  
Suite 350  
Richmond, VA 23225  
866-352-0766